

UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF TEXAS
AUSTIN DIVISION

APPLICATION TO BECOME APPROVED MEDIATOR

Name: _____

Firm or Organization: _____

Street Address: _____

City, State, Zip: _____

Telephone: _____ Fax: _____

Email address: _____

1. Are you a member of the Bar of the Western District of Texas? _____

If yes, date of admission: _____

If no, are you a faculty member of an accredited Texas law school? _____

Name of school: _____

2. Please list states/courts in which you are admitted to practice and dates of admission:

3. Have you ever been subject to any disciplinary action, sanction, contempt order, or reprimand by any court or judicial administration body? _____ If yes, provide details on separate sheet.

4. Please describe any training you have received in mediation or other forms of Alternative Dispute Resolution. Please include the dates of the training, the sponsor, and whether the training qualified for Texas MCLE credit.

Type of Training	Dates	No./Hrs.	Sponsor	MCLE Credit
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

5. Please describe the extent and nature of your experience as a mediator:

6. Please check all applicable areas of substantive experience:

_____ Contracts	_____ Insurance	_____ Civil Rights	_____ Corporate
_____ Personal Injury	_____ Constitutional	_____ Intellectual Prop	_____ Securities
_____ Administrative	_____ Real Property	_____ Environmental	_____ Bankruptcy
_____ Other (describe): _____			

Submit this application, a current resume or curriculum vitae, and a certificate of good standing from the Supreme Court of Texas to:

Elizabeth A. Saunders, Divisional Office Manager
U. S. District Court, Western District of Texas-Austin Division
200 West Eighth Street
Austin, Texas 78701

“I understand that my completed application may be made available by the Clerk of Court to litigants or counsel seeking information about my experience.”

Applicant Signature: _____ Date: _____